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APPLICANTS

Daniel G. Schmidt, Blanchardville, WI;

Myles L. Sommerfeldt, Madison, WI;

Kevin L. DeFever, Waunakee, WI; Thomas C. Bonde, Blue Mounds, WI;

** CONTINUING DATA *****

none F.P.

** FOREIGN APPLICATIONS *****

none F.P.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: Initials:	WI	4	36	4

ADDRESS

26710

QUARLES & BRADY LLP

411 E. WISCONSIN AVENUE

SUITE 2040

MILWAUKEE, WI

53202-4497

TITLE

Wire-free, dual-mode calibration instrument for high energy therapeutic radiation

FILING FEE RECEIVED 572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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